



Report as of day 30 after the first day of attendance

ANNUAL KINDERGARTEN IMMUNIZATION/HEALTH ASSESSMENT STATUS SCHOOL SUMMARY REPORT

County _____ School District _____

Name of School _____

☐ Public/Charter ☐ Private ☐ Federal

Address _____

Street City ZipCode

Phone _____ FAX _____

Principal's Name (PRINT) _____

Principal's Signature _____

Admin Unit

Code

(may not apply for non-public schools)

School Code

Number

(may not apply for non-public schools)

Immunizations Summary

A. Total Kindergarten Enrollment..... (A should equal B + C + D + E + F) **(A)** _____

B. Number of students with valid Medical Exemptions (ME) **(B)** _____

C. Number of students with valid Religious Exemptions (RE) **(C)** _____

D. Number of students with complete immunizations (do not include ME/RE) **(D)** _____

E. Number of students with no record on file **(E)** _____

F. Number of students who do not meet minimum immunization requirements: (do not include ME/RE or students with no record on file) **(F)** _____

Please list what vaccines the students listed in line F are missing in boxes G-L

G.	H.	I.	J.	K.	L.
# of students who need a dose(s) of DTaP	# of students who need a dose(s) of Polio	# of students who need a dose(s) of MMR	# of students who need a dose(s) of Hib	# of students who need a dose of Hep B	# of students who need a dose of Varicella
#	#	#	#	#	#

M. Number of students who did not receive the required immunizations by the first day of attendance and were given 30 days to meet requirements **(M)** _____

Health Assessment Summary (not mandatory for private schools)

A. Total number of Kindergarten students enrolled for the first time: _____

B. Total number of kindergarten assessments on file for first time enrollees: _____

C. Total number of repeating kindergarten students with KHA forms on file: _____

D. Total number of students who have religious exemptions for assessments: _____

E. Total number of students who are not in compliance with this law: _____

School Summary Report of Kindergarten Immunization/Health Assessment Status

Content

- Purpose:** This Summary Report is required by N.C. State Law [G.S. 130A-155(c) and G.S. 130A-440]. It records the immunization status of all kindergarten students enrolled in public/charter and private schools each fall. The Summary Report must be completed annually. It also records the health assessment status of all kindergarten students enrolled in public and charter schools.
- Preparation:** The Summary Report must be completed by the principal or his/her designee.
- Distribution:** Each principal or his/her designee must return the original Summary Report to their district school superintendent. A copy of the Summary Report should also be kept at the individual school.
- Mail the School Summary Report by November 1st to:
**North Carolina Department of Health and Human Services
Division of Public Health
Immunization Branch
1917 Mail Service Center
Raleigh, NC 27699-1917**
- Disposition:** Each school must keep a copy of the Summary Report for at least one year. The N.C. State Immunization Branch, in accordance with the approved records retention schedule, may destroy the Summary Report at their discretion.
- Reordering:** The user may copy the Summary Report form as needed. You may also call 919-707-5550 for additional copies.

Instructions

Please complete all identifying information at the top of the form. If your school has no kindergarten students, enter 0 on Line A. If your school has closed, please write "CLOSED" across the front of the Summary Report.

The individual Class Worksheets (DHHS 2051) are to be used to gather information for this Summary Report. DO NOT FORWARD THE CLASS WORKSHEETS. Keep the worksheets on file at your school for reference or any future questions about the Summary Report.

Each principal or his/her designee must check the accuracy of all information before submitting the Summary Report to his/her district superintendent.

Line A: Total Kindergarten Enrollment: make sure each class enrollment number is correct.
Line A = Line B + Line C + Line D + Line E + Line F.
If no students, enter 0 .

Line B: Medical Exemption (ME): Enter the total number of students with a valid ME.
DO NOT attach a copy of each student's Medical Exemption.

Line C: Religious Exemption (RE): Enter the total number of students with a valid RE.
DO NOT attach a copy of each student's Religious Exemption.

Line D: Number of students with completed immunizations (met requirements). Report this as of day 30 after the first day of attendance. Do not include students with valid medical or religious exemptions.

Line E: Number of students with no immunization record on file.

Line F: Number of students who did not receive all required immunizations or do not have a valid medical or religious exemption. (This includes students who are past due and those who are in the process of getting the required immunizations.) Report this as of day 30 after the first day of attendance.

Line G-L: Use this table to document the vaccines the students from Line F are missing and not meeting requirements.

Line M: Number of students who did not receive the required immunizations by the first day of attendance and were given 30 days to meet requirements.